Wellington S. Coppess#102401	<u>7</u>
Name and Prisoger/Booking Number ASPC-Tucson Santa Rita Uni	FILED LODGED
Place of Confinement  POX 24401	FILEDLODGEDCOPY
Mailing Address TUCSON AZ 85734-4401	9 MAR - 2 2018 9
City. State. Zip Code  (Follows to notify the Count of more change of oddress may would be	CIEDVIIS DISTRICT COMM
(Failure to notify the Court of your change of address may result i	The dismissal of this action.)  CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA  DEPUTY
	TES DISTRICT COURT ICT OF ARIZONA
Wellington Spencer Coppess. (Full Name of Plaintiff)	
	18-0118 TUCJASPSO
V.	CASE NO.
(1) Charles L. Ryan,	(To be supplied by the Clerk)
(Full Name of Defendant) (2) Richard Pratt	CIVIL RIGHTS COMPLAINT BY A PRISONER
(3) Corizon Health. Inc.	JURY TRIAL DEMANDED
(4) Benjamin Schmid.	Original Complaint  First Amended Complaint
Defendant(s).	☐ Second Amended Complaint
Check if there are additional Defendants and attach page I-A listing them.	
A. JURI	SDICTION
1. This Court has jurisdiction over this action pursuand 28 U.S.C. § 1343(a); 42 U.S.C. § 1983 ☐ 28 U.S.C. § 1331; Bivens v. Six Unknown ☐ Other:	Federal Narcotics Agents, 403 U.S. 388 (1971).
2. Institution/city where violation occurred: ASP	C-Tucson

Revised 3/11/16 1 550/555

### **B. DEFENDANTS**

1. as: _	_		f first Defendant: Charles L. Ryan The first Defendant is employed
as			(Position and Title) (Institution)
2. as:_	Na A	me of	f second Defendant; Richard Pratt. The second Defendant is employed as:  Start Director at Central Office.  (Position and Title)  (Institution)
3. as: _	sN H	nne of	f third Defendant: Locizon Health Inc. The third Defendant is employed at ASPL-TUCSON (Position and Title)
4. as: _	Na F	me of	fourth Defendant: Benjamin Schmid. The fourth Defendant is employed at ASPC-Tucson (Institution)
If yo	u na	me mo	re than four Defendants, answer the questions listed above for each additional Defendant on a separate page.
			C. PREVIOUS LAWSUITS
1.	На	ve yo	u filed any other lawsuits while you were a prisoner?
2.	If	yes, h	ow many lawsuits have you filed? Describe the previous lawsuits:
	a.	1. 2.	
		3. 	Result: (Was the case dismissed? Was it appealed? Is it still pending?) \(\sum_{is} \sum_{is} \)
	ъ.	Seco	and prior lawsuit: NA
		1.	Parties: v
		2.	Court and case number:
		3.	Result: (Was the case dismissed? Was it appealed? Is it still pending?)
	c.	Thire	d prior lawsuit:
			Parties: v
		2.	Court and case number:
		3.	

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

### D. CAUSE OF ACTION

			COUNT	I	<b>^</b> \	7
1.	Şta	te the constitutional or other fe	deral civil right that	was violated: <u>EnghT</u>	v Hwevam	<i>501</i>
77	Źiz	ed States Constitu	noite	<u> </u>		·
2.	Co	unt I. Identify the issue involv	ed. Check only one	. State additional issues i	n separate counts.	
		Basic necessities	□ Mail	☐ Access to the court	Medical cal	are
		Disciplinary proceedings	☐ Property	☐ Exercise of religion	☐ Retaliation	1
		Excessive force by an officer	☐ Threat to safety	☐ Other:		•
		EMBOSSIVE ROLLO by all villor				
3.	Su	pporting Facts. State as briefly	y as possible the FAG	CTS supporting Count I.	Describe exactly wh	nat each
Def	enda	ant did or did not do that violated	d your rights. State t	he facts clearly in your ow	n words without citi	ng legal
		y or arguments.	1 - 10 - 0 1	\\ \ \ \ \ \	4 - 40.	\
<u>Pl</u>	<u>Ec</u>	e zi Trabneteb dan			Their Ollicia	77
20	00		mentioned i		VI BOCK	
76	<u> </u>	idant acted under			- 1	
Z	バス	lointiff is a 410 v	bor old bei	court sethion	D IEUGIN	<del></del>
40	خہ	year teem of inc	pecchano	Junger were	166 · ((154)(2)	A
40	<del>\</del>	intigdiction of t	WE ALISAUR	Department	OI COLLECTION	7.7
	77	or the Debortu		27/1/A 21. 20	Tressus	
<u> </u>	<del>5,7</del>	lefendant Cariza	514070 S		Wexford	
77	727		was ADC's	previous her	731	
<del>-</del>	5.77	rider. Plaintiff & 7		Ptalenge 19	P9 57	
ββ	<del>1</del> ₹	0 2009, POC via		annosed Plain	Atiw 1919	
75	74.0	aic heoatitis C	JHI EUTIV	VPPI. Dec. at	ЬÀ	
रुष	2.7	a September 2011	X9W DAY			
$\overline{u}$	15	edinis It shote	sis liver dis	6026 (TD) 350 d	Jec. 07 Pb	
		ರಿ				·
4.	Inj	ury. State how you were injure	ed by the actions or i	nactions of the Defendant	(s).	۸
<u>ک</u> ر	151	a espellass Titaial	ug nicorbot	otes by referen	uce baraaca	<del>buz</del>
7=	71	<u>,                                     </u>			•	<u> </u>
_	A .3.					
5.		ministrative Remedies: Are there any administrative re	madias (miavanca n	rocedures or administrativ	e anneals) available	at vour
	<b>a</b> .	•	anicules (Brickanice b	1000dutos of administrativ	⊠ Yes	□No
	_	institution?		0 . 10		
	b.	Did you submit a request for a			⊠ Yes	
	c.	Did you appeal your request f	or relief on Count I	to the highest level?	⊠ Yes	.□No
	d.	If you did not submit or appear			el, briefly explain w	ny you
		did not.				

3. Supporting Facts (Cont.): Po Dezendant XDC Director Charles F. Ryan is responsible for the overall operations and policies at A care and medical services, Ulb, respect ADC Depor executed and implemented ADI 1101 Inmate Access la Hea thereby, according to its stated to pt bearged obbailing land] al'so requires appropriate and uninterruated bionigay 78 Desendant Richard Pratt for the ADC Health Services Contract Manitoring Bureau (HSCMB). Assistant Director Pratt, as HSCMB, is responsible for "hold[ina] the Contractor providing Health Services accountable to ensure all inmates Dresighty ocites to schedning and emerdench (as reeded) health care, and are not refused health care treatment due to financial reasons. "ADC ΚεςοοηςιοιλιΤγ P9 Defendants Corizon and Facility Health Administrator (EHA) Béviamin Schmig are léphileg, ingel lelsure inmates wit conditions are entered into the EHR to ensure the inmotes are requiativ schedul ordered by the y care bean

By execution of D.O. HOI, Ryan recognizes that prison region racide Hextoria 94/19297 his request reaulas examination ment as prescr escithed by D.D. III. or the quidelines and stand N990 Corison heat he senses any HCP tormal reques torina and assessment <u> Alo; Complaint, Attachment</u>

PH On 01-03-2018, Plaintiff filed an informal grievance adainst XDC and corison redargiva gevies HCX his chronit conditions. raising the same is sues I denied treat whent. n official Corizon ADOR responses dated 2 In official correption the defendants denien interpolations of the defendants denien met the Schmid indicated that Plaintill did not meet the auditivations for treatment. Schmid's statement was made and HCV treatment devial occurred without performance of the necessary medical procedures to determine the state, condition or severity of Plaintiff's HCV and cirthosis y prejiminary leursory prior to demina <u> 2- 36,46-521. 4tt/ac</u> PIL Corizon non-medical administrate aastroenter olody consult, liver rasound, submitted Workman. One of the reades FH of prior to FH 18 disérance Lezboyze gentind PIT According to Corizan staff, interviews of hundreds of HCV-intected ADC prisoners ADC medical records, ADC/Corizon does not pravide HCV treatment. Pl. Dec. at PP22, 28,44,60

P18 It is well-established in the HCVILDI circhosis medical community that HCV patients with circhosis Jour jeun lines admotes tipiosis cictyosis, jour tentes and that nutreated HCA conses in which series is cictyosis. lives failure and death PIA The fact that Plaintitt suffered a in 2013, may invalidate the blood tests performed by Carizon in January February, 2018. The current status of Plaintiff's HCV circhosis and ID is inknown because the proper medical procedures have not been pertormed' denied by Defendants Corizon and Schmid on 02-14-18, and or by Defendants Ryan, and Pratt Ichatime poli custom is not to redularly prisoners. See Wecl Agustin Rivera dasat bas Noval to bruos iostivo ang constant tations mid-to-late 2017. contact with medical staff led to the 2018 blood completed the ADC internal arievance process on this issue becouse the sympatoms were y related to HCV. Pl. Dec. at PP18-20

He, HCV clinical avidelines ph Brow's Egy out high-priority for ηγισεορύς ιε ίετομωεύσες for patients with both The 'detendants are aware Mextard ihree to six mon 2011 cirrhosis diagnosis. a new class of gruas knomu as direct-acting antiviral released to market. DA Sevara, eAt revolution in medicine; about DAAS were cured of HI realment current costs \$137,00 it suffers, from severe emotional distress ely caused by Defendants Ryan lonatime practice and policy treatment and inadequate onitating, which results in constant ia; depression and other anquish such as a fear of imminent death In more than 10 years. Id. at PP13, 28,22,

PST Designant HSCMB Prost has failed to monitor Corizon & HCV examination, assessment and treatment practices, which has significantly contributed and or proximately coused ADC contributed and HCLS not to follow HCV clinical quidelines and expert recommendations.

Plaintiff was and will continue to be devised HCV treatment as a result of Director Ryan and HSCMB Assistant Director Prost, a failure to adequately monitor Corizon and its practices regarding HCV, LD, end stage liver disease (ESAD) and circhosis treatment monitoring avidelines and realized the PS, 9-17, and stage Plaintiff which omissions and Milling life. Pl. Dec. at PP3, 9-17, 21, 21, 25, 26, 28, 34, 35, 39-44, 46, 49, 50, 52, 51-61; Declarations

## 1. Injury (Cont. P

PS Defendant FHA Benjamin Schmid, by denying the plaintiff is 12-21-17 ADL Health Need's Request for HCV treatment and by failing to ensure that he received the proper HCV circhesis diagnostic testing, assessment and monitoring prior to denying his ADL grievance on 12-14-98, was deliberately indifferent to the plaintiff is serious medical needs in violation of his rights under the Eighth Amendment to the United States Const., and coursed and continues to cause him pain, suffering, physical injury and severe emotional distress.

P3 Desergant Corison Health, Inc., by derving the plaintiff's requests for HCV treatment and practice engaging in an engoing pattern and practice of soft treating him by early interior to derving prisoners, and by not providing him with the proper HCV I cirrhosis diagnostic testing, assessment and monitoring prior to derving examinations and by not previder (HCP), which examinations and omissions have and will continue to the plaintiff's serious medical needs by acts and omissions have and will continue in the plaintiff's serious medical needs by and right's under the Eighth Amend U.S. Canst., and cause him pain, distress.

PH Defendant ADC HSCMB Richard Pratt was is and will continue to be deliberately indifferent to the plaintiff's serious medical needs by inadequately monitoring the HCV/LD practices and policies of Carizon Health Inc., and by failing to ensure that he received access to the proper HCV/cirrhosis assessment and the proper HCV/cirrhosis assessment and monitoring and treatment, and by not ensuring that Carizon followed the applicable HCV/LDC quidelines, in violation of the Eighth Amend, and before to cause him pain, suffering, physical injury and severe emotional distress.

PSD elevabort MC Director Charles L. Ryan, by failing to ensure that the plaintiff had access to adequate medical services to treat, monitor, and assess his HCV LD and cirrhosis, and by implementation of polices and HCV aviderings that fail to provide him with a meanth care that fail to provide him with a mealth care system in a overseeing ADC's health care system in a manner that ensures that neither the plaintiff nor any HCV-infected prisoner would ever receive HCV-infected prisoner would ever and areas number of HCV-infected ADC prisoners, in violation of his rights under the Eighth Amendment, U.S. Const., and caused and will continue to cause him pain, suffering physical injury and severe emotional distress.

### E. REQUEST FOR RELIEF

State the relief you are seeking:  Declaratory relief that the acts and amis	sions described hereia violate
Declaratory relief that the acts and amis	atory and Punitive domases in
teriago QQB QQQTTo trugmo st	
	Permanent Inwestion ordering
Detendants to provide HCV treatme	ent. O
I declare under penalty of perjury that the foregoing is true as	nd correct.
	111111111
Executed on <u>02-28-2018</u>	Willer D C
DATE	SIGNATURE OF PLAINTIFF Wellington S. Coppess
	In Procher
	2.7 ( 1.0 - 1.0.
NIA	
(Name and title of paralegal, legal assistant, or	
other person who helped prepare this complaint)	
Α/Α	
(Signature of attorney, if any)	
4/14	
(Attorney's address & telephone number)	
/	

### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

# ATTACHMENT A

	Health Needs Request (LINR)  Health Needs Request (LINR)						
Inrgate Name/Nombre (Last, First M.I.) (Apellido, Nombre, Inicial)  ADC Number/Número de ADC					Date/Fecha		
Z	Coppessiwelling	HUN S.	10	20460	<u>`</u>	112-21-17	
3	Cell/Bed Number/Celda/Número de					/Instalación: ASPC	
֝֝֝֝֝֝֝֝֓֓֓֓֓֓	Cama 3-C-1	Sanarita	SHILL	1	TUCSO		
SECTION/SECCION I	You are required to be truthful. Failure to be cooperative and any abuse of the health care system or its staff could cause a delay in delivery of care to you and others, and may result in disciplinary action (Use this form to describe only one problem or issue at one time). [Se le exige diga la verdad. La falta de cooperación y cualquier abuso del sistema del cuidado de la salud o del personal podría retrasar la asistencia de este cuidado para usted y para otros y puede dar lugar a una acción disciplinaria (Use este formulario para describir un problema a la vezí)						
	AREA OF INTEREST (Check only one block below)/AREA DE INTERES (MARQUE UN ESPACIO SOLAMENTE) Medical/Médica Dental FHA  Pharmacy/Farmacia Mental Health/Salud Mental Eyes/Ojos Other (specify)/Otros (especifique)  PLEASE PRINT! Describe your medical/dental treatment issue need in the space below. Be clear and specific. NO ADDED PAGES. [¡POR FAVOR, ESCRIBA EN IMPRENTA! Describa su tratamiento o necesidad médica/dental en el espacio de abajo. Describa claramente y sea específico. ¡NO USE MAS HOJAS!]  Thave Hep C and T would like to be given  Hep C and T would like to be given						
	THE THEOTIES						
OEC.	Trank You						
	I understand that, per ARS 31-201.01, I will be charged a \$4.00 Health Service fee (excluding exemptions granted by statute) for the visit that I am herein requesting. I further understand that by paying this fee I do not have the right to dictate treatment or who provides treatment. [Entiendo que de acuerdo con ARS 31-201.01 se me cobrará una cuota por el servicio médico de						
,	\$4.00 por la cita que aquí estoy p tengo el derecho a imponer el tratam Inmate's Signature/Firma del prisione	iento o quien lo proporcio		ria ley). Adei	mas enuendo que a	ai pagar esta cuota no	
l	process	Wellet i	1C_				
	REMOVE THE GOLDENROD COP COPIA DE COLOR AMARILLO OBS						
ECTION/SECCION III	COPIA DE COLOR AMARILLO OBSCURO Y DEJE LAS DEMAS EN EL BUZON PETICION DE NECESIDADES MÉDICAS]  REFERRAL BY MEDICAL STAFF/REFERENCIA MEDICA Medical/Médica Dental Pharmacy/Farmacia FHA  Mental Health/Salud Mental Eyes/Ojos Other/Otros (specify) (especifique)  Comments/Comentarios						
	Staff Signature Stamp/Firma del emp	leado	Date/Fe	ocha .		e/Hora C 22 2017 8:37	
I ION/SECCION IV	PLAN OF ACTION/PLAN DE ACCION Sour On N - privide review						
	Staff Signature Stamp/Firma del emp		Date/Fe	122/17	,	e/Hora	
֓֞֞֞֜֞֜֞֜֜֜֝֟֜֜֟֓֓֓֟֟ ֓֓֓֞֓֓֓֓֞֓֞֓֓֓֞֓֓֞֓֓֓֞֓֓֞֓֓֓֓֓֓֓֓	Distribution: White/Blanca - Health Unit/U This document is a translation from origin this state. Este documento es una traduc						

1101-10ES 12/19/12

ARIZONA DEPARTMENT OF CORRECTIONS		Requests are limited to <u>one page</u> and <u>one issue</u> . NO ATTACHMENTS PERMITTED. Please print all information.		
Inmate L		A. L. C.		
Inmate Name (Last, First M.I.)	ADC Number	Institution/Unit Tucco	Date	
(COPPES IN BILLION TO	108400	Innto Kita	112-21-17	
Richard Pratt	Location	Hal Office		
State briefly but completely the problem on which you		· •		
	_	staff about get		
treatment for my	•		then	
that they were not.				
decision on who	•			
My understand	1915151	for are the one	wns	
monitors Corizon a	od can au	thorize my Hep	<u> </u>	
treatment I have	2 hoen tr	ung to get to	eated	
since before 2011,				
Stage 2 cichosis		1		
since then, but noth		L		
Will you please get 1		1 <b>k</b>		
on also going to w		.		
help me as well.		you asking the	11-10	
	Jour time	and considera	4:00	
in this matter T	West Town	of to was 10 M		
	OCIC POLUCE	THE TO YOU THE	<del>'\</del>	
		<del>-  </del>	<u>.</u>	
· · · · · · · · · · · · · · · · · · ·	Harmonia de la compansión de la compansi			
	<u> </u>		······································	
· ·			<del></del>	
	<del> </del>	- <del> </del> -		
Inmate Signature	A STATE OF THE STA	Date   Date	'7	
Have You Discussed This With Institution Staff?	Yes No	!		
If yes, give the staff member's name:	Cori	700	Al 2 2	
Distribution: White - Master Record File Canary - Inmate		1	916-1 5/13/10	

Case-4:18-cv-00118-JAS Document 1-1 Filed 03/02/18 Page 3 of 18

Requests are limited to one page and one issue. NO ATTACHMENTS PERMITTED. Please print all information. Inmate L Institution/Unit **ADC Number** 12-21-1 IDA40 Location State briefly but completely the problem on which you desire assistance. Provide as many details as possible - saw Corizon's medical staff about getting treatment for my Hep. C. I was told by them that they were not the one's who made the decision on who gets treatment. Being that you're the Director of ADC I know you have the authority to authorize my Hep C treatment. I was diagnosed with stage 2 cirrhosis in 2011, and am positive it has gotten worse since then have also wrote Richard Hatt this some Im letter asking for the treatment I kok forward to your cerponse. Date 10/1/17 Inmate Signature Have You Discussed This With Institution Staff? If yes, give the staff member's name: ひへてひ Distribution: White - Master Record File Canary - Inmate 5/13/10

Case 4:18-cv-00118-JAS Document 1-1 Filed 03/02/18 Page 4 of 18

# **ATTACHMENT B**

# ADC

### ARIZONA DEPARTMENT OF CORRECTIONS Filed 03/02/18 Page 6 of 18 Complaints are limited to one page and one

issue.

Please print all information.

**Inmate Informal Complaint Resolution** 

INMATE NAME (Last, First M.I.) (Please print)

	T		
ADC NUMBER	INSTITUTION/UNIT*	Tueso	

DATE (mm/dd/yyyy)

('50	messillellington 102400	Santa-Rit	a 11-3-18			
<u> </u>						
то		LOCATION	•			
(	Locisoo	Santa-Rit				
	riefly but completely the problem on which you desire assistant					
C	rizon is denying me medi	cal treatme	nt for my			
H	eo-C.					
0	+ the end of 2009, Twos	diagnosed.	with Hep C.			
$\mathcal{I}$	Swords the end of 2011, I w	ns given a	liver biopsy.			
	was told I had stage a	2 circhosis.	` \			
5	since then I have asled med	ical several.	times for			
	eatment. However, I have k					
	not Corizon's policy is to mo					
_+	hey would not treat we cent	il I was in	the advanced			
	strates of the disease. I have asked for another biopsy,					
k	but was denied that as well					
	. I want another biopsy to	be done to	know what			
	stage my disease is in					
	2. I want to be treated for	the HepC.				
		and the second s				
	10-70-4-4		A			
FAMAI	E SIGNATURE	100	ATE (mm/dd/yyyy)			
11 44416_/ I	Willed S. Com	,	Tal.			
	- Walle W. Cy		12/18			
Have v	ou discussed this with institution staff?	No				

If yes, give the staff member name:

		/ <u>02/18 Page</u>	<u>/ (),                                   </u>
ARIZONA DEPARTMENT OF CORRECTIONS		Received By	rookhart
Inmate Governo	P#3:12	Title	OIL
Note: You may appeal the Grievance Coordinator's decision to the Warden/Deputy Warden/Administrator by filing form 802-3, within 10	<u> </u>		Date /
calendar days of receipt of this notice.	B2	Badge Number	02/02/18
Inmate Name (Last, First M.I.)	ADC Number	Īp	
COPPESSIVELLINGTON S.	OSFIGO		9-9-18
Institution/Facility TVCSON - SONTA Pota	Case Number (00	2-026-	018
То:			
Description of Grievance (To be completed by the inmate)			
ABO and Corizon have denied	i hepatits	C +rea	thent as a
matter of Doling and Nactice.	Ive had !	tep. C.F	or 9 years
and it has coursed liver dan	091,000	will in	vitobly lead
to lived failure or carrier and		nuina u	e reaturns
hecoine of the expense is or	. 1	1 1	
	n G Verrer	N AL D LA	•
		<del></del>	
			-
		· · · · · · · · · · · · · · · · · · ·	
Dropped Penalution (144-4/46-mat-46-m		resolve the problem?)	
Proposed Resolution (What Informal attempts have been made to resolve the p		- I I	
1. Provide Frontuent with	24 FURTHER	doby	
	24 FURTHER	doby	St. I copyost
1. Provide Frontuent with	or Forther	yor coons	st. I request
1. Provide Frontment with 2. In the event that Coricor that C. Ryan and Richard	denies 1 Pratt by	Mas Cor	D .
1. Provide Frontment with 2. In the event that Coricord that C. Ryan and Richard	denies 1 Pratt by	Mas Cor	ison and
1. Provide Frontment with 2. In the event that Coricord that C. Ryan and Richard arrange that I be faken	denies 1 Pratt by	do by nos Con ide con	ison and
1. Provide Frontment with 2. In the event that Corizon that C. Ryan and Kichard arrange that I be faken begin treatment.	Prost by  On out	Mas Consor's Signature	izan and aultant to
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	Mas Consor's Signature	Date 02/02/18
1. Provide Frontment Without 2. In the overthether Correct that Correct word Richard arrange that I be falson begin treatment.  Inmate's Signature  Date 72/18	Prost by  On out	AGE COME MASS COME For's Signature Resolution or Attention	Date 02/02/18



### ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Informal Complaint Response

For Distribution: Copy of Corresponding Inmate Informal Complaint Resolution must be attached to this response.

INMATE NA	ME (Last,	First M.I.)	(Please	print)
Coppess	Wellingt	on		

ADC NUMBER 102400

INSTITUTION/ UNIT

ASPC-Tucson / Santa Rita MI C02-18-002

**FROM** LOCATION

Stephanie Aquino, RN, Asst. Director of Nursing Complex Health Unit

### CORIZON

### INMATE INFORMAL COMPLAINT RESPONSE

Your inmate informal complaint dated 1/3/18 was received in the Tucson office of Corizon Inmate Health Services on 1/4/18.

Your primary area of concern is not being treated for HEP C.

Your concern has been reviewed by medical and it was determined that on 1/17/18 you saw the medical provider who went over your current health status extensively. At this time you do not meet the necessary criteria to qualify for HEP C treatment while in ADOC. If you have further questions about the HEP C criteria please discuss this at your next chronic care appointment.

This informal complaint has been addressed. This has resolved your concern.

SA/ds(21252)

STAFF SIGNATURE

S. Aquino Sr. ADON

DATE (mm/dd/yyyy) 1/23/2018



### ARIZONA DEPARTMENT OF CORRECTIONS

**Inmate Grievance** 

For Distribution: Copy of Corresponding Inmate Grievance Resolution must be attached to this response.

INMATE NAME (Last, First M.I.) (Please print) Coppess, Wellington	ADC NUMBER 102400
INSTITUTION/ UNIT	CASE NUMBER
ASPC-Tucson / Santa Rita C02-026-018	

### CORIZON

### INMATE GRIEVANCE RESPONSE

Your inmate grievance dated 2/2/18 was received in the Tucson office of Corizon Inmate Health Services on 2/2/18.

Your primary area of concern is a treatment for Hepatitis C.

Your concern has been reviewed by medical and it was determined on 1/17/18 you saw the provider. She explained to you the criteria for Hepatitis C treatment. At this time you do not meet the qualifications for treatment. Please keep your chronic care appointments to monitor your disease. If you need medical attention before your next chronic care visit please submit an HNR at open sick call.

This grievance has been addressed. "In accordance with current policy, this response is final, and constitutes exhaustion of all remedies within the Department."

BS/ds(21333)

Please note, per Revised Department Order 802.05, 1.2, pg. 5 - "Specifying the decision of the Contract Facility Health Administrator is final and constitutes exhaustion of all remedies within the Department."

STAFF SIGNATURE		DATE (mm/dd/yyyy)
	Benjamin Schmid, FHA	2/14/2018

### **Notification of Diagnostic Results**

Facility: ASPC-T SANTA RITA

Housing Area: BL2C

Bed#: 01B

Patient Name: WELLINGTON S. COPPESS

Notification Date: 01/24/2018

ADC#: 102400

This is to inform you that we have received the results of your diagnostic test performed on 01/23/2018.

Based on evaluation, your results were within acceptable limits. No further action is needed.

Based on evaluation, you will be scheduled for a follow-up appointment. If you are released before your next visit, please follow-up with your doctor or clinic.

### **Additional Comments**

At next FU appointment.

TimeStamp: 24 January 2018 08:29:42 --- User: Julie Shute (SHUJU01

Shute, Julie

Reviewing Practitioner

01/24/2018

Date

### **Notification of Diagnostic Results**

Facility: ASPC-T SANTA RITA

Housing Area: BL2C

Bed#: 01B

Patient Name: WELLINGTON S. COPPESS

ADC#: 102400

Notification Date: 01/30/2018

This is to inform you that we have received the results of your diagnostic test performed on 01/26/2018.

Based on evaluation, your results were within acceptable limits. No further action is needed.

Based on evaluation, you will be scheduled for a follow-up appointment. If you are released before your next visit, please follow-up with your doctor or clinic.

### **Additional Comments**

Within the week.

TimeStamp: 30 January 2018 21:21:15 --- User: Julie Shute (SHUJU01)

Shute, Julie 01/30/2018

Reviewing Practitioner Date

### **Notification of Diagnostic Results**

Facility: ASPC-T SANTA RITA

Housing Area: BL2C

Bed#: 01B

Patient Name: WELLINGTON S. COPPESS

ADC#: 102400

Notification Date: 02/04/2018

This is to inform you that we have received the results of your diagnostic test performed on 02/02/2018.

Based on evaluation, your results were within acceptable limits. No further action is needed.

Based on evaluation, you will be scheduled for a follow-up appointment. If you are released before your next visit, please follow-up with your doctor or clinic.

### **Additional Comments**

Within two weeks.

TimeStamp: 4 February 2018 14:59:43 --- User: Julie Shute (SHUJU01)

Shute, Julie 02/04/2018

Reviewing Practitioner Date

# ATTACHMENT C

### ARIZONA DEPARTMENT JOE CORRECTIONS Filed 03/02/18 Page 14 of 18 one page and one

**Inmate Informal Complaint Resolution** 

Please print all information.

INMATE NAME (Last, First M.L.) (Please print)	ADC NUMBER	INSTITUTION/UNIT TUCSOO	DATE (mm/dd/yyyy)
Coppessivellington	102400	Santa Rita	1-17-18
L =			

1	OCATION
COTTO ROYPS	lard Z
State briefly but completely the problem on which you desire assistance.	
I was given injections in	ny back due to back
pain. The injections were oxien	rely Dashful. The Dain
losted about 3 days after the	injections. I received
the injections once a weak to	or about 5 weeks.
On 1-8-18, I sow a new pro	ovider who said the
injections were meant for joi	ats, i.e. elboos and
knows. She informed me that	receiving them could
have paralyzed me. That they s	should never hove been
prescribed, and that she unsent	t even qualified to
administer them . She also noti	ced that the 2 meds
I was prescribed were not supp	bosed to be taken
together law I have more brix	printen I did before
I somed the injections.	•
lesolution: I would like to k	now how this could
have hoppened who monitors -	these providers? Twood
like to have my back treated	property
•	
INMATE SIGNATURE	DATE (mm/gdyyyy)
Willet S. a	1/17/18
and the second distance and distance are second distance and distance are second distance and distance are second as a second distance are second as a	

Have you discussed this with institution staff?

☐ Yes

☐ No

If yes, give the staff member name:

ARIZONA DEPARTMENT OF CORRECTIONS  Case 4:18-cv-00118-JAS Document	nt 1-1 Filed 03/	02/18 Page	15 of 18
Inmate Governo		Received By	r. Craig
Note: You may appeal the Grievance Coordinator's decision to the		Title Co	III
Warden/Deputy Warden/Administrator by filing form 802-3, within 10 calendar days of receipt of this notice.		Badge Number	213 Date 2/8/18
Inmate Name (Last, First M.I.)	DC Number	10	ate
Coppess welling to	108400		0-7-18
	sase Number	2-035-	-018
То:			
Description of Grievance (To be completed by the inmate)			
I was give a injections in my ba	ek due to h	nck paid	1. The injections
were extremely pointul. The poin			
injections I received them once	*	_	•
I sawa new provider who said			
ie ellows and knees. Tuns inf	_ U		(1)
have Dayzed no and that they sho		- <del>-</del> -	
the upsent even qualified to give the			
$D \rightarrow C$			. 4
juds Turs prescriped were no			
There more back pain than I did before Istarbal the injections.			
Proposed Resolution (What informal attempts have been made to resolve the prob	Λ .		lo source
woo doesn't work for Corsonn			
amadı	101 20		
model 19.			
			<del></del>
Inmate's Signature Date 2/7/18	Grievance Coordinat	or's Signature	ont 82/09/18
Action taken by	Documentation of F	Resolution or Atte	mpts at Resolution.
			- · · · · · · · · · · · · · · · · · · ·
Staff Member's Signature	Badge Numb	er	Date



### ARIZONA DEPARTMENT OF CORRECTIONS

**Inmate Informal Complaint Response** 

For Distribution: Copy of Corresponding Inmate Informal Complaint Resolution must be attached to this response.

INMATE NAME (Last, First M.I.) (Please print)	ADC NUMBER
Coppess, Wellington	102400
	•

INSTITUTION/ UNIT

ASPC-Tucson / Santa Rita MI C02-18-016

FROM	LOCATION
Robert Burdine, RN, Director of Nursing	Complex Health Unit

### CORIZON

### INMATE INFORMAL COMPLAINT RESPONSE

Your inmate informal complaint dated 1/17/18 was received in the Tucson office of Corizon Inmate Health Services on 1/18/18.

Your primary area of concern is being given Trigger point injections.

Your concern has been reviewed by medical and it was determined that your chart has been reviewed and this issue has been forwarded for review by the Medical Director.

This informal complaint has been addressed. This has not resolved your concern pending the medica; director's review..

RB/ds(21226)

STAFF SIGNATURE

R. Burdine, DON

DATE (mm/dd/yyyy)
1/30/2018

Distribution:

INITIAL: White and Canary or Copies - Grievance Coordinator; Pink or Copy - Inmate FINAL: White - Inmate; Canary - Grievance Coordinator File

### Case 4:18-cv-00118-JAS Document 1-1 Filed 03/02/18 Page 17 of 18



### ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Grievance

For Distribution: Copy of Corresponding Inmate Grievance Resolution must be attached to this response.

			_ `
INMATE NAME (Last, First M.I.) (Please print)		•	ADC NUMBER
Coppess, Wellington	•	•	102400
INSTITUTION/ UNIT			CASE NUMBER
ASPC-Tucson / Santa Rita C02-035-018		•	

### CORIZON

### **INMATE GRIEVANCE RESPONSE**

Your inmate grievance dated 2/7/18 was received in the Tucson office of Corizon Inmate Health Services on 2/12/18.

Your primary area of concern is back pain.

Your concern has been reviewed by medical and it was determined that there is no documentation in you chart stating that the back injections could be harmful. Your chart has been forwarded to the Medical Director for review, but you will not be given any results. You have been given an analgesic balm and tramadol for back pain. If your condition does not get any better or worsens please submit an HNR at open sick call to be re-evaluated.

This grievance has been addressed. "In accordance with current policy, this response is final, and constitutes exhaustion of all remedies within the Department."

BS/ds(21372)

Please note, per Revised Department Order 802.05, 1.2, pg. 5 - "Specifying the decision of the Contract Facility Health Administrator is final and constitutes exhaustion of all remedies within the Department."

STAFF SIGNATURE

Benjamin Schmid, FHA

DATE (mm/dd/yyyy) 2/20/2018

### **Notification of Diagnostic Results**

Facility: ASPC-T SANTA RITA

Housing Area: BL2C

Bed#: 01B

Patient Name: WELLINGTON S. COPPESS ADC#: 102400

Notification Date: 11/03/2017

This is to inform you that we have received the results of your diagnostic test performed on 10/31/2017.

Based on evaluation, your results were within acceptable limits. No further action is needed.

Based on evaluation, you will be scheduled for a follow-up appointment. If you are released before your next visit, please follow-up with your doctor or clinic.

### **Additional Comments**

Low back x-ray with some abnormal findings. To be reviewed at provider follow-up visit.

E Baskas NP

**Reviewing Practitioner** 

11/03/2017

Date

Schedule 1 FOT week OF 10/4/17-12/17 T. 0105, CNA

	Wellington S. Coppess #10	2400		
	ASPC STUCSON BOOTOR	tall of		ODGED
	PO BOX 24401		RECEIVED	
	Tucson AZ 85734		9 MAR - 2 2018	9
	Plaintitt, In Pro Per		CLERK U S DISTRICT COUP DISTRICT OF ARIZONA	RT
	3 20 11 0 16		BY	DEPUTY
	To The United States	Ristric	trong to	
	For The Mistrict	Of Aciza	700	<del></del>
	CV 1 0	<u>-0118</u>	TUCJASP	SOT
	Wellington Spencer Cappess.	N. T.	TOOONOT	<u> </u>
	Plaintiff whiess.	1 101.		
	1 441111113	Mation F	or Prelimina	·C\1
	\rac{1}{2}	Injuncti		4
	<b>X</b>	L \	ary Restrai	0,00
<del></del>	Charles L. Ryan et al.	Orype	m 4 115211m	()
	Détendants.	LILLER		
		<b>J</b>		
	Plaintiff, Wellington	2000		00
	pursuant to Rule 63.	2 R W.	IV.P. heret	// (
	moves the Court to is			
	his requests for a ten			
	order and prelimino			
	notionis supported	or thoo	ccowoonii	72
	motion is supported a memorandum of la	\	<del>remiliariti</del>	
	meniar wildow to		····	
	Executed on 02-28-2019	1/1/1/	U.F.D.C.	
	LICCOICE OIL VA AU AUI	Wellin	gton S. Coppes	2ć
· · · · · · · · · · · · · · · · · · ·		····	<u> </u>	

	<u> </u>	
	Hellington S. Coppess # 102400	
	ASPC-STucson Banta Rita Un	FILED LODGED COPY
	PN BOX 24401	9 440 - 2 2010 9
	1044-48138 TA 202211	9 MAR - 2 2018   9
	Plaintiff, In Pro Per	CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA DEPUTY
	, <u> </u>	
	To The United States Die	strict Court
		rizona
	11	
	UV 18-01	18 TUCJASPSOT
	Wellington S. Coppess, No.	
· · · · · · · · · · · · · · · · · · ·	OPInitiA 17	· · · · · · · · · · · · · · · · · · ·
· · · · · ·	Mo.	morandum Of Law
	77	noiteM 10 traggue
	For	Regiminary
	Charles   Ryan et al Tri	unction And Temporory
	Detendants, Re	straining Order
		3
	Statement of the Case	
	This is a civil rights o	ction brought under
	42 U.S.C. 81983 by a state or	risoner whose
•	life-threatening chronic	illnesses have not
	been regularly examined treated. The plaintiff see	1 monitored or
	treated. The plaintiff see	ks injunctive relief
	to ensure that he receives	proper medical case.
		\ \

# Statement of Facts

(Pl. Dec. at PP13, 28; Declarations of Robert Home Agustin Rivera, Luis Matsumato, Russell Blystone and Jarob Mapolitano, hereafter Declarations.) Py The desendants are Charles L. Ryan, Richard

Deviaur ground and Pousou Health Inc

P5 The defendants are aware of dangers liver damage orisoners due to the high cost of

9 Despite the longerity progressiveness and circhosis inclusive of his 2013 splenectomy, the defendants have <u>neither monitored nor regularly examined</u> any of his chronic conditions. 15,16,20,21,26-28,44-46) Argument he Plaintiff Is Entitled To A Temporary Testraining Order And Preliminary Triunction POIn determining whether a party is entitled a injunctive relief; the standard restraining orders (TRO) and preliminary injunctions is the same courts generally consider several factors A. The Plaintiff is Threatened with Irreparable Tripry PNP laintiff alleges that he has been deried presents a serious medical need is undisputed. Brown v. Johnson, 387 F. 3d 1344, 1351 (11th Cir. 2004)

Plaintiff further alleges that he has been deried care for his serious medical needs titenas ta naii hanatnandt 16,20,21,26-28,44-46:2

# B. The Balance of Hardships Favors the Plaintiff PISIn deciding whether to aront TR i-moving party it the motion is granted In this case the present suffering of the plaintit experiences as denied treatment, the progressive nature of his chronic condition the defendants failure to regula and discharging their constitutional duty to provide medical services and routine health care for Plaintiff's serious medical needs.

# C. The Plaintiff is Likely to Succeed on the Merits <u>has a a</u>reat inannosis and ccording to the d for these cond eveloped ' Nurse Practit thinas

I the circumstances and fact-pattern present in this case demonstrate that Defend serious medical ett v. Penner 43 1091.1096 (9th Cir. 2 The Relief Sought Will Serve the Public Interest SULUDIAS VI erest for prison Arpaio. 8.

P24 Moreover, "the public has a strong interest
in the provision of constitutionally-adequate
in the provision of constitutionally-adequate health care to prisoners. McNearney v.
Washington Dept. of Corrs. C11-5930 RBL/KLS.
2012 WR 3545267, at "14, "16 (W.D. Wash.
June 15, 2012)
E. The Plaintiff Should Not Be Required To Post Security
To Post Security
<b>l</b>
P25 Usually a litigant who obtains interim
P25 Usually a liticant who obtains interim injunctive relief is asked to post security. Rule (5 (c), Fed. R. Civ. P.
Riste 65 (c), Fed. R. Civ. P.
Palo However, the plaintiff is an incorcerated
and indigent prisoner unable to post security.
Palo However, the plaintiff is an incorcerated and indigent prisoner unable to post security. The court has discretion to excuse the
security requirement upon a showing of good cause. In view of the serious medical danger
cause. In view of the serious medical danger
contracting Plaintiff, the court should grant
the relief requested without requiring the
posting of security. Elliott v. Kieseweller
98 F. 36047, 60 (3rd Cir. 1996). Malton Co. v.
Eagle Pitcher Industries, 55 F. 3d 1171, 1176
(ct/2 Cir. 1995)
a.

CONCLO 910N
For the forencing reasons the court
For the foregoing reasons, the court should grant the motion in its entirety.
RESPECTFULLY SUBMITTED on this
28th day February, 2018.
11/1/1/
Wellington Spencer Coppess  Plaintiff, In Pro Per
Plaintiff. In Pro Per
10
10.

	Wellington S. Coppess # 1024	00
	ASPC-OTURSON Santa Pita	Thit
	PN BNX 24401	
	Tucson A7 85734-1	44 <i>(</i> )
	Plaintiff In Pro Per	
· <u> </u>	1	
<del></del>	To The United States	District Court
	In The United States For The District	Acizana
- · - · · · · · · · · · · · · · · · · ·	[]	
	CV 18-	O118 TUCJASPSOT
	Wellington Spencer Campess	No.
	Wellington Spencer Cappess,	
	33333	Order To Show Cause For
	٧.	A Preliminary Injunction
		And A lemporary
	Charles L. Ryan et al.	
	Détendants.	1 O
· · · · · · · · · · · · · · · · · · ·	Upon the complaintitl, a of law submitted herew	ant, supporting
	declaration of plaintiff, a	nd memorandum
	of law submitted herew	th, it is:
<del> </del>	ORDERED that defend	dants Charles L. Ryan,
	Richard Pratt, Corizon Heal	th, Inc., and Benjamin
· · · · · · · · · · · · · · · · · · ·	dehmid show cause in r	com at the
<u> </u>	United States Courthouse	405 W. Congress
	St. Ste. 1500, Turson, AZ	85701-5010°
	\ <u></u>	

on the day of	2018 at	- a'clock
mph or brejimicoch juli izzne briznoùt to Ke	luade gaiting	id not
issue pursuant to RE	le 65 (a), Fed	R.Civ.P.
enjoining The detendan	115 Their SUCC	270225
in Office agents, contr	actors and a	ll other
nos al paistra enverga	700 hna [791	noitonisii
with them from denying to approve and proving Coppess direct acting	na failina br	ายใบรเกล
to approve and provi	de Wellingto	n Spencer
Coppess direct-acting	activical He	) eilitea
iriz treatment, and	to assess w	nether a
liver transplant is rea	wired.	
IT IS FURTHER OF	RDERED that	effective
immediately, and pend determination of this	ina the hear	ina and
determination of this	order to sho	246)
cause. The detendants	Charles L. R	NOV.
Richard Pratt, Corizon Benjamin Schmid	Health Inc.	ahd
Benjamin Schmid	nd each of t	neir
officers, agents, emp		
and all ather person	s actina in	concert
w nottogisiting bon	ith them are	<u> </u>
restrained from fo	iling and ref	usina
to provide Wellington	Speacer Con	Desso
7		

with the proper medical services needed
to determine the severity of cirrhosis
with the proper medical services needed to determine the severity of cirrhosis, distinguish whether or not he has
some destad as desamples to divis
disease and to test him for beneticially lor
disease, and to test him for hepatocellular carrinama and partal hypertension.
TT TS FIRTHER ORDERED that
the order to show cause, and all other
oners attached to this application be
the order to show cause, and all other papers attached to this application, be served on the aforesaid Defendants
hu
Dated:
United States District Judge
3.

Arizona State Prison - Tueson Arizona State Prison - Tueson Sonta Rita Unit 3-C-1 70. Box 34401 Tueson 192 95734



ARIZONA DEPT OF CORRECTIONS 10000 S WILMOT RD TUCSON AZ 85756-8699

Ship Date: 02/28/18 Weight: 1 lb 8.7 oz 0008

2002

CLERK OF THE US DISTRICT COURT 405 W CONGRESS ST STE 1500 TUCSON AZ 85701-5010



Clerk of the United States
District Court
toos wo. Conquess St. Swite Koo
Toolon, M2 SSDI-SOIO
TOOLON, MAR 2 2018

LEGAL MAIL OTHERSOIFER

Arizona Department of Corrections